

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act and 42 CFR 447.53. The exemptions from copayment include: individuals under 18 yrs of age, pregnant women, those institutionalized in LTC facilities, home health services, family planning services and supplies, services furnished by an HMO and emergency services.

Service	Type Charge Deduct. Coins. Copay.	Amount and Basis for Determination
Prescribed Drugs (Eff. Date 7/1/83)	X	Medicaid eligibles shall pay the following copayment based on the recipients costs for each prescription and refill received under the Medicaid Program: Prescription Cost Copay \$10.00 or less \$.50 10.01 to 25.00 1.00 25.01 to 50.00 2.00 50.01 or more 3.00 The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).
Inpatient Hospital Services including Crossover (Eff. Date 7/1/85)	X	Medicaid eligibles shall pay a \$50.00 copayment for each inpatient hospital admission. This copayment is based on the average cost per day of care which is \$311.50. Crossover claims shall be assessed a \$50.00 copayment per claim. The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).

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A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge	Deduct.	Copay.	Amount and Basis for Determination
Outpatient Hospital Services including crossovers (Eff. date 7/1/85)			X	Medicaid eligibles using a hospital outpatient facility on a non emergency basis shall pay a three dollar (\$3.00) copayment per visit. This copayment is based on the average cost per visit which is \$56.32. Crossovers are assessed a \$3.00 copayment per claim. The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c)
Physician Services (Office) including crossovers (Eff. date 7/1/85)			X	Medicaid eligibles shall pay a one dollar (\$1.00) copayment per physician office visit including crossover claims. This copayment is based on the average cost per office visit which is \$24.81. The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).
Durable Medical Equipment including crossovers (Eff. date 7/1/85)			X	Medicaid eligibles shall pay a three dollar (\$3.00) copayment per each covered DME item supplied through a DME supplier with a Medicaid contract. This copayment is based on the average cost per unit for DME (purchase and rental combined) which is \$328.98. The agency copay amounts are in accordance with 42 CFR 447.54(a), 447.54(c), 447.55.

Revis : HCFA-PM-85-14 (BEKC)
September 1985

AL-87-17
Attachment 4.18-A
Page 1-C
OMB No.: 0938-0193
Revised 04/04/86

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State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge		Amount and Basis for Determination
	Deduct.	Coins. Copay.	
Medical Supplies, including crossovers (Eff. date 7/1/85)		X	Medicaid eligibles shall pay a one dollar (\$1.00) copayment for each medical supply claim, supplied them through a DME supplier with a Medicaid contract. This copayment is based on the average cost per claim which is \$16.74. The agency copay amounts are in accordance with 42 CFR 447.54(a), 447.54(c), and 447.55.
Rural Health Clinic including crossovers (Eff. date 7/1/85)		X	Medicaid eligibles shall pay a one dollar (\$1.00) copayment for each rural health encounter. Crossovers are assessed a \$1.00 copayment. This copayment is based on the average cost per encounter which is \$19.56. The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).

TN No. 85-26
Supersedes
TN No. AL-85-14 (HCFA)

Approval Date OCT 13 1987

Effective Date 07-01-87
HCFA ID: 0053C/0061E

Revision: HCFA-PH-85-14 (BERC)
SEPTEMBER 1985

AL 86-13
Revised 4/4/86
ATTACHMENT 4.18-A
Page 1-D
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Deduct.	Type Charge Colns.	Copay.	Amount and Basis for Determination
Optometric Services including crossovers (Eff. date 7/1/85)			X	Medicaid eligibles shall pay a one dollar (\$1.00) copayment for each optometric visit. Crossovers are assessed a \$1.00 copayment. This copayment is based on the average cost per unit of service which is \$18.85. The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).
Ambulatory Surgical Center Servs. (Eff. date 9/1/86)			X	Medicaid eligible persons using an ambulatory surgical center shall pay a three (\$3.00) copayment per visit. The agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).

NOTE: No copayment authorized under this attachment 4.18A shall exceed the maximum allowable charges as provided in Subpart A, 42CFR 417.

TM No. AL 86-13
Supersedes
TM No. AL 85-26

Approval Date 9/8/86

Effective Date 9/1/86
HCFA ID: 0053C/00618

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Type Charge Deduct. Coins. Copay.	Amount and Basis for Determination
Federally Qualified Health Centers including crossovers (Eff. date 04/01/90)	X	Medicaid eligible persons shall pay a \$1.00 copayment for each medical clinic encounter. Crossovers are assessed a \$1.00 copayment. This copayment is based on the average cost per encounter. The Agency copayment amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).
Certified Nurse Practitioner Services (Eff. date 07/01/90)	X	Medicaid eligibles shall pay a one dollar (\$1.00) copayment per office visit. This copayment is based on the average cost per office visit which is \$24.81. The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(b).

NOTE: No copayment authorized under this attachment 4.18A shall exceed the maximum allowable charges as provided in Subpart A, 42 CFR 447.

TN No. AL-90-28
Supersedes
TN No. AL-90-16

Approval Date 5/2/91

Effective Date 07/01/90
HCFA ID: 0053C/0061E

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State: ALABAMA

- B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The ability of the recipient to pay copayment will be established on a basis of the following statewide policy:

Providers will ask the recipient "Do you have the ability to pay the copay amount?"

The recipient's response will be accepted as conclusive evidence of the ability to pay or not to pay. All providers will be notified of this policy thru a provider notice.